

State of Colorado

CHECKLIST FOR INDIVIDUAL LONG TERM CARE INSURANCE FORMS

Updated March 1, 2010

This checklist applies to Individual Long Term Care policies, rates and supplementary rating. Individual long term policy forms are required to be certified pursuant to Colorado law. Long Term Care Partnership forms must be submitted for review. Long Term Care Advertising is file and use.

This checklist is not considered all inclusive and only functions as a guide. For a complete understanding of the filing requirements and instructions, please refer to the applicable laws and regulations.

Colorado State Specific Filing Codes	2
Colorado Quick Reference Guide for Uniform Long Term Care Coding Matrix	3
COMPANY CHECKLIST FOR <i>INDIVIDUAL LONG-TERM CARE INSURANCE FORMS</i>	4
<i>Submission Requirements</i>	4
<i>Policy Forms</i>	4
<i>Outline of Coverage</i>	9
<i>Application</i>	10
<i>Advertising</i>	10
<i>Disclosure Forms</i>	10
<i>Additional Requirements</i>	11
<i>Long Term Care Partnership</i>	12
<i>Annual Reports</i>	13

Colorado State Specific Filing Codes

State Specific Codes are not required for all filings. However, these codes must be used, if applicable, to get to the level of benefits being presented in the filing.

CODE	NARRATIVE	FILING TYPE
410	Withdrawal from CO Market	
411	Withdraw a specific filing or product	
412	Withdraw from a specific line of business	
616	Multi State Association	
646	LTC Rescission	
650	Mandate Exception	
652	LTC Replacement/Lapse Report – LTC06	Annual – due June 30
653	LTC Rescission Report – LTC06	Annual – due June 30
654	LTC Claims Denial Report – LTC06	Annual – due June 30
655	LTC Suitability Report – LTC06	Annual – due June 30
656	LTC Partnership Program	
740	Assessment Fee	
750	Reasonable Modifications	Letter or Form
760	Prior Approval – HB-08-1389	
805	Name Change	
849	Annual Forms Certification – H21, HMOs Use: HOrg03.000	Annual
850	Individual	
871	Large Deductible	
888	Confidential	

Colorado Quick Reference Guide for Uniform Long Term Care Coding Matrix

LTC02I Individual Long Term Care - Home Health Care Only		
	LTC02I.001 Qualified	
	LTC02I.002 Non Qualified	
	LTC02I.003 Other	
LTC03I Individual Long Term Care		
	LTC03I.001 Qualified	
	LTC03I.002 Non Qualified	
	LTC03I.003 Other	
	LTC03I.004 Partnership	
LTC04I Individual Long Term Care - Nursing Home		
	LTC04I.001 Qualified	
	LTC04I.002 Non Qualified	
	LTC04I.003 Other	
LTC05I Individual Long Term Care - Nursing Home & Home Health Care		
	LTC05I.001 Qualified	
	LTC05I.002 Non Qualified	
	LTC05I.003 Other	
LTC05.1I Individual Assisted Living Care		
	LTC05.1I.001 Qualified	
	LTC05.1I.002 Non Qualified	
	LTC05.1I.003 Other	
LTC05.2I Individual Adult Day Care		
	LTC05.2I.001 Qualified	
	LTC05.2I.002 Non Qualified	
	LTC05.2I.003 Other	
	LTC05.2I.003 Other	
	LTC05.2I.003 Other	
	LTC05.2I.003 Other	
LTC06 Long Term Care - Other	LTC06.000 Long Term Care - Other	652 LTC Replacement/Lapse Report
LTC06 Long Term Care - Other	LTC06.000 Long Term Care - Other	653 LTC Rescission Report
LTC06 Long Term Care - Other	LTC06.000 Long Term Care - Other	654 LTC Claims Denial Report
LTC06 Long Term Care - Other	LTC06.000 Long Term Care - Other	655 LTC Suitability Report

STATE OF COLORADO

COMPANY CHECKLIST FOR INDIVIDUAL LONG-TERM CARE INSURANCE FORMS

REQUIRED	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE
Submission Requirements		
Rates, Advertising, Annual Reports and Forms are to be submitted electronically	<ul style="list-style-type: none"> All policy forms, annual reports, rates and advertising are to be submitted through SERFF Policy forms certified for all long term care products, except advertising and partnership long term care forms The Division requires all advertising forms to be filed. All partnership forms must be provided for review, to be certified as partnership qualified (approved). 	§§ 10-16-107 & 10-16-107.1, C.R.S. Colorado Bulletins B-1.19 & B-4.18
Must have proper lines of authority to conduct this line of business	<ul style="list-style-type: none"> To write long-term care insurance in Colorado, companies must be licensed to write: Must have Health Line of Authority 	§ 10-3-102, C.R.S.
Policy Forms		
Form and Content of policies	<ul style="list-style-type: none"> Premiums disclosed, if covers more than one person, at least ten point type – uniform manner, exceptions and reductions stated in policy, form number lower-left hand, other than guaranteed renewal disclosure, military right to reinstate – deployed. 	§ 10-16-201, C.R.S.
Entire Contract	<ul style="list-style-type: none"> The policy, including the application and any amendments and riders, constitutes the entire contract of insurance and no change is valid unless approved by an executive officer of the company and unless such approval be endorsed hereon or attached hereto. 	§ 10-16-202(2), C.R.S.
Time Limit on Certain Defenses	<ul style="list-style-type: none"> A policy is incontestable two years from the date of issue except for fraudulent misstatements made by the applicant on the application. 	§ 10-19-113.3, C.R.S.

		STATUTORY/ REGULATION/ INFORMATION CITE
REQUIRED	INFORMATION	
Notice of Claim	<ul style="list-style-type: none"> Written notice of claim should be submitted to the company within 20 days of the occurrence or commencement of any loss. 	§§ 10-16-202(6) & 10-16-214(3)(a)(VIII), C.R.S.
Legal Action	<ul style="list-style-type: none"> No such action shall be brought after 3 years from the date of due proof of loss is required to be furnished. 	§§ 10-16-202(3) & 10-16-214(3)(a)(II), C.R.S.
Claim Forms	<ul style="list-style-type: none"> The company shall furnish those forms needed to submit proofs of loss within 15 days. 	§§ 10-16-202(7) & 10-16-214(3)(a)(IX), C.R.S.
Timely Payment of Claims	<ul style="list-style-type: none"> Clean claims must be paid, denied or settled within 30 days following receipt of electronically written due proof of loss, or 45 days for paper submissions. 	§ 10-16-106.5, C.R.S.
Timely Payment of Health Care Services	<ul style="list-style-type: none"> Periodic payments must be made within 60 days of insured's selection of a provider or effective date of selection, whichever is later. In case of retrospective enrollment only 30 days after notice by employer to insurer. Subsequent payments must be in monthly periodic cycle. Penalty payment of 9% per year. Payments other than periodic must be made within 30 days after receipt of due proof of loss. Same penalty provisions. 	§ 10-16-106.5, C.R.S.
Grace Period	<ul style="list-style-type: none"> A grace period of not less than 7 days (weekly premium), 10 days (monthly premium) and 31 days (for all other policies) is required. 	§ 10-16-202(4), C.R.S.
Extension of Benefits	<ul style="list-style-type: none"> Extension of benefits must be provided up to the duration of the benefit period, if any, or to payment of the maximum benefits. 	Colorado Regulation 4-4-1, Section 6C
Free Look	<ul style="list-style-type: none"> An individual policyholder will have the right to return the policy with full refund of premium within 30 days of its delivery. 	§ 10-19-111, C.R.S.
Physical examinations and autopsy	<ul style="list-style-type: none"> Insurers, at their own expense, have the right and opportunity to examine the insured when, and as reasonably often as required, during a claim's pending period. It may also conduct an autopsy in the case of death when law does not forbid it. 	§ 10-16-202(11), C.R.S.
Change of Beneficiary	<ul style="list-style-type: none"> The individual designating a beneficiary retains the right to change that designation unless he/she makes that designation irrevocable. 	§ 10-16-202(13), C.R.S.

REQUIRED	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE
Reinstatement	<ul style="list-style-type: none"> A policy may be reinstated with or without an application as provided. 	§ 10-16-202(5), C.R.S Colorado Regulation 4-4-1, 7B
Optional Provisions	<ul style="list-style-type: none"> Must be at least equal of better than provisions in CRS 10-16-203. 	§ 10-16-203, C.R.S
Limitations: Cancellation/Non-renewal	<ul style="list-style-type: none"> A policy may not be non-renewed or terminated due to age or the deterioration of the mental or physical health of the insured. A policy may not contain a provision establishing a new waiting period in the event existing coverage is converted or replaced by a new or other form unless the insured individual or policyholder voluntarily chooses an increase in benefits. A policy may not provide coverage for skilled nursing care only, or contain a provision providing significantly more coverage for skilled care in a facility than for coverage at lower levels of care. 	§ 10-19-107(1)(a), C.R.S
No Prior Hospitalization	<ul style="list-style-type: none"> No policy may require a prior hospitalization confinement as a condition for eligibility for benefits, nor require a higher level of institutional care as a condition for eligibility for benefits in another institutional care setting. This provision is also applicable to home health care. 	§ 10-19-109, C.R.S
Standards for Benefit Triggers	<ul style="list-style-type: none"> A traditional long-term care policy must condition the payment of benefits based on a determination of the insured's ability to perform activities of daily living and on cognitive impairment. 	Colorado Regulation 4-4-1, Section 30
Standards for Benefit Triggers for Qualified Long-term Care	<ul style="list-style-type: none"> A qualified long-term care policy shall only pay for services received by a chronically ill insured provided according to a plan of care prescribed by a licensed health care practitioner. The policy must base payment of benefits on a determination of the insured's inability to perform activities of daily living for an expected period of at least 90 days due to loss of functional capacity or to severe cognitive impairment. 	Colorado Regulation 4-4-1, Section 31

REQUIRED	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE
Change of Beneficiary	<ul style="list-style-type: none"> The individual designating a beneficiary retains the right to change that designation unless he/she makes that designation irrevocable. 	
Requirement to Offer Nonforfeiture Benefit	<ul style="list-style-type: none"> An insurer may not issue a policy unless it includes a written offer to include nonforfeiture benefits to the defaulting policyholder or certificate holder. This section does not apply to life insurance policies or riders containing accelerated traditional long-term care benefits. 	§ 10-19-113.4, C.R.S Colorado Regulation 4-4-1, Section 29
Tax Qualified Disclosure	<ul style="list-style-type: none"> There must be a disclosure statement in the policy regarding whether the policy is, or is not, intended to be a qualified long-term care insurance contract. 	Colorado Regulation 4-4-1, Sections 8F, 8H, & 8I
Alzheimer's/Dementia	<ul style="list-style-type: none"> A policy must provide coverage for Alzheimer's disease and senile dementia. Neither condition is a permissible exclusion. 	§ 10-19-107(1)(d), C.R.S
Minimum Standards for Home Health and Community Care Benefits	<ul style="list-style-type: none"> This section provides guidelines for what may not be limited or excluded in traditional long-term care policies that provide home health and community care benefits. 	Colorado Regulation 4-4-1, Section 12
Definitions and Policy Definitions	<ul style="list-style-type: none"> Insurers may refer to these sections for appropriate definitions germane to the long-term care regulation. 	Colorado Regulation 4-4-1, Section 4 & 5
Renewability	<ul style="list-style-type: none"> The terms "guaranteed renewable" and "noncancellable" shall not be used in any group and individual direct response or individual traditional long-term care policy or certificate without explanatory language. Individual policies must contain a renewability provision on the first page of the policy and must state that the policy is guaranteed renewable or noncancellable. 	Colorado Regulation 4-4-1, Section 6A

REQUIRED	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE
Pre-Existing Conditions	<ul style="list-style-type: none"> No policy issued on other than a group basis may use a definition of "pre-existing condition" which is more restrictive than: Preexisting condition means the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment, or a condition for which medical advice or treatment was recommended by, or received from a provider of health care services, within 6 months preceding the effective date of coverage for an insured person. The provision must appear as a separate paragraph in the policy or certificate and be captioned as "Preexisting Condition Limitations". 	§ 10-19-108, C.R.S
Pre-Existing Condition Prohibition in Replacement Policies/Certificates	<ul style="list-style-type: none"> If an insurer replaces a traditional long-term care policy or certificate with one of its own, it must waive any time periods for similar benefits applicable to pre-existing conditions and probationary periods in the new policy. 	Colorado Regulation 4-4-1, Section 23
Allowable Exclusions	<ul style="list-style-type: none"> No policy may be delivered or issued for delivery as traditional long-term care coverage unless it adheres to the list of limitations and exclusions of this subsection. 	Colorado Regulation 4-4-1, Section 6B
Required Disclosure of Rating Practices to Consumers	<ul style="list-style-type: none"> These disclosure requirements apply to any traditional long-term insurance policy issued on or after July 1, 2007. An insurer must provide at least 45 days notice to all policyholders or certificate holders prior to implementing a premium rate increase. The notification must include the information required by Colorado Regulation 4-4-1, Section 9B. 	Colorado Regulation 4-4-1, Section 9
Benefit Reduction or Elimination	<ul style="list-style-type: none"> Any riders or endorsements added to an individual traditional long-term care policy after the date of issue that reduce or eliminate benefits or coverage require signed acceptance by the insured. 	Colorado Regulation 1-1-6
Use of Terms "Usual and Customary" or "Reasonable and Customary"	<ul style="list-style-type: none"> Terms such as "usual and customary" or "reasonable and customary" must be defined in the policy. 	Colorado Regulation 4-4-1, Section 8C
Deterioration of Physical or Mental Health	<ul style="list-style-type: none"> No traditional long-term care policy may be cancelled, nonrenewed or otherwise terminated on the grounds of the age or the deterioration of the mental or physical health of the insured individual or certificate holder. 	§ 10-19-107(1)(a), C.R.S

		STATUTORY/ REGULATION/ INFORMATION CITE
REQUIRED	INFORMATION	
Unintentional Lapse	<ul style="list-style-type: none"> No individual long-term care policy shall be issued until the insurer receives from the applicant a written designation of at least one other individual who is to receive notice of termination of the policy for nonpayment of premium. A written waiver of this provision is permissible. Reinstatement is required if proof of cognitive impairment or loss of functional capacity is provided. 	Colorado Regulation 4-4-1, Section 7
Suitability	<ul style="list-style-type: none"> This section requires insurers of traditional long-term care policies to develop and use suitable standards for determining whether the purchase or replacement of coverage is appropriate. It does not apply to life insurance policies that accelerate benefits for traditional long-term care. This section also provides additional details regarding the personal worksheet. 	Colorado Regulation 4-4-1, Section 22
Inflation Protection	<ul style="list-style-type: none"> The insurer must offer, at the time of purchase, an inflation protection feature as described. Any rejection of the offer must be received in writing and signed by the policyholder. 	§ 10-19-113, C.R.S
Discretionary Authority	<ul style="list-style-type: none"> Insurers are not permitted to place discretionary authority language in contracts of accident and health. 	§ 10-3-1116, C.R.S
Outline of Coverage		
Outline of Coverage (and format)	<ul style="list-style-type: none"> An outline of coverage must be delivered to a prospective applicant at the time of the initial solicitation. It must be a "free-standing document", using no smaller than ten point type. 	§ 10-19-112, C.R.S Colorado Regulation 4-4-1, Section 24, and Appendix J

REQUIRED INFORMATION		STATUTORY/ REGULATION/ INFORMATION CITE
Application		
HIV/AIDS Questions on Application	<ul style="list-style-type: none"> Questions designed to elicit information regarding AIDS, ARC and HIV must be specifically related to the testing, diagnosis and/or treatment done by a physician or an appropriately licensed clinical professional acting within the scope of his/her license. 	§ 10-3-1104.5, C.R.S Colorado Regulation 4-2-9
Requirements for Application Forms and Replacement Coverage	<ul style="list-style-type: none"> This section provides insurers with required questions to ask on the application regarding replacement of existing coverage. 	Colorado Regulation 4-4-1, Section 13
Post Claims Underwriting	<ul style="list-style-type: none"> If the application contains a question asking whether a physician has prescribed medication(s) it must also ask the applicant to list the medications. If the medications were known to the insurer or were included in the insurer's underwriting standards at the time of the application, and are directly related to a condition for which coverage would otherwise have been denied, the policy may not be rescinded for that condition. 	Colorado Regulation 4-4-1, Section 11
Advertising		
Advertising Filing Requirements	<ul style="list-style-type: none"> An insurer shall maintain at its home or principal office a complete file containing every printed, published or prepared advertisement of its individual policies and typical printed, published or prepared advertisements of its blanket, franchise and group policies. The Division does not require advertisements be filed for information or approval. 	Colorado Regulation 4-4-1, Section 20
Disclosure Forms		
Shopper's Guide (and requirements for delivery)	<ul style="list-style-type: none"> The Shopper's Guide must be delivered to all prospective insureds. 	Colorado Regulation 4-4-1, Section 25

		STATUTORY/ REGULATION/ INFORMATION CITE
REQUIRED	INFORMATION	
Personal Worksheet	<ul style="list-style-type: none"> The Personal Worksheet given at presentation or prior to taking application. 	Colorado Regulation 4-4-1, Section 22 & Appendix B
Policy Summary for Individual Life Insurance with Long Term Care Benefits Rider	<ul style="list-style-type: none"> There must be a disclosure for an accelerated life product policy. It must include an explanation of how the long-term care benefit interacts with other components of the policy, as well as an illustration regarding benefits. Additional details are provided. The disclosure must appear on the policy summary and outline of coverage. 	Colorado Regulation 4-4-1, Section 8J
Premium Rate Increases	<ul style="list-style-type: none"> An insurer must provide notice of a pending premium rate increase to the policyholders or certificate holders, at least 45 days prior to the implementation date. 	Colorado Regulation 4-4-1, Section 9E & Appendix B
Disclosure for Accelerated Life Insurance	<ul style="list-style-type: none"> Any individual life insurance policy that contains a rider for traditional long-term care benefits must include a policy summary that details how the traditional long-term care benefit interacts with other components of the policy, including deductions from the death benefit. The disclosure must also list any tax consequences. This requirement does not apply to qualified long-term care contracts. 	Colorado Regulation 4-4-1, Section 8J
Delivery of Policy	<ul style="list-style-type: none"> The policy or certificate must be delivered no later than 30 days after the date of approval. 	Colorado Regulation 4-4-1, Section 8N
Additional Requirements		
Claim Denial/Explanation	<ul style="list-style-type: none"> If a claim is denied and the insured provides a written inquiry, the insurer is required to respond within 60 days and provide the reasons for the denial as well as make available all information directly related to it. 	Colorado Regulation 4-4-1, Section 8L
Use of SSN on ID Cards	<ul style="list-style-type: none"> Prohibits the printing of an individual's social security number on any card required for the individual to access products or services provided by the person or entity 	§ 6-1-715, C.R.S.

REQUIRED	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE
Long Term Care Partnership		
Guidance of Implementation of Long Term Care Partnership	<ul style="list-style-type: none"> Provides the guidance on the implementation of Colorado's Long Term Care Partnership Program (inflation protection, asset protection, exchanges, etc.) 	Colorado Regulation 4-4-4
Notice Requirement Regarding Long Term Care Partnership Status	<ul style="list-style-type: none"> Provides guidance and sample of the required notice for Colorado Long-Term Care Partnership Program 	Colorado Regulation 4-4-4
Review Process for Long Term Care Partnership Program	<ul style="list-style-type: none"> Provides guidance regarding the submission of Colorado Long-Term Care Partnership Program (CLTCPP). Basic checklist – derived from DRA. Insurers will need to be in compliance with Colorado Revised Statute 10-19-101 et.al and Colorado Regulation 4-4-1. Need to provide all the forms: i.e. application, Long-Term Care insurance Potential Rate Increase Potential Rate Increase Disclosure Form, Outline of Coverage, Policy summary, Long-Term Care Personal Worksheet, Things You Should Know Before You Buy Long-Term Care Insurance disclosure, any riders/endorsements and Colorado Long-Term Care Partnership Notice. Policy must provide the required inflation protection: Under age 61, an insured must have either: a 5% annual compounded interest or CPI computed annually. Between the ages of 61 to 75, an insured must have one of the following: 3% compounded annually, 5% simple interest, CPI computed annually or 5% compounded 2X maximum (5% compounded until the daily benefit is doubled). Over age 75, inflation protection is optional. 	Colorado Regulation 4-4-4

		STATUTORY/ REGULATION/ INFORMATION CITE
REQUIRED	INFORMATION	
Annual Reports		
Lapse Report	<ul style="list-style-type: none"> By June 30, report the ten percent (10%) of its agents with the greatest percentage of lapses and replacements 	Colorado Regulation 4-4-1, Section 14, Appendix B, D, E and G
Claims Denial Report	<ul style="list-style-type: none"> By June 30, report the number of claims denied for each class of business, expressed as a percentage of claims denied 	Colorado Regulation 4-4-1 Section 14F, Appendix E
Association Annual Certification	<ul style="list-style-type: none"> Annually. Insurer shall certify annually that the association has complied with the requirements set form in Section 21, C8. 	Colorado Regulation 4-4-1, Section 21, C8
Suitability Report	<ul style="list-style-type: none"> Annually. Report annually the total number of applications received from residents of this state, the number of those who declined to provide information on the personal worksheet, the number of applicants who did not meet the suitability standards, and the number of those who chose to confirm after receiving a suitability letter. 	Colorado Regulation 4-4-1, Section 22H
Rescission Report	<ul style="list-style-type: none"> Annually. Every insurer or entity selling or issuing LTC benefits shall maintain a record of all policy or certificate rescissions, both state and countrywide – provide to the DOI. 	Colorado Regulation 4-4-1, Section 11E and Appendix B